



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 816, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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A41PSTATE OF HAWAII
STATE ETHICS COMMISSION

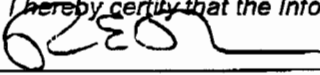
LOBBYIST REGISTRATION FORM

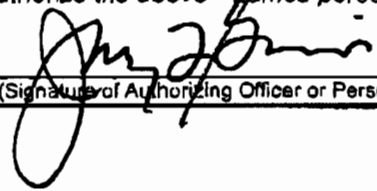
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ramsay	Rick		202.778.3230
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave, NW Suite 400			202.778.8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
America's Health Insurance Plans			202.778.3200
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave., NW, Suite 500			202.778.8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
America's Health Insurance Plans			202.778.3200
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave, NW Suite 500			202.778.8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Rick Ramsay			202.778.3230
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave, NW Suite 500			202.778.8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (Indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	3/28/05
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
JEFFREY L. GABANO	S.V.P. - STATE AFFAIRS
NAME OF ORGANIZATION (if applicable)	TELEPHONE
A.H.I.P.	202 778-3200
MAILING ADDRESS (Street)	FAX
601 PENNSYLVANIA AVE NW SUITE 501	
(City)	(State)
WASHINGTON	DC
(Zip Code)	
20004	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
	4-1-05
(Signature of Authorizing Officer or Person Represented)	(Date)